



2020

Medicare At A Glance

Who runs the Medicare Program?

The Centers for Medicare & Medicaid Services (CMS) is the Federal agency that runs Medicare. CMS is part of the US Department of Health and Human Services.

What is Medicare?

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has the following parts:

- Part A (Hospital Insurance)
- Part B (Medical Insurance)
- Part C (Medicare Insurance)
- Part D (Medicare Prescription Drug Coverage)

What is Medicare Part A?

Medicare Part A helps cover inpatient care in hospitals. This includes critical access hospitals and inpatient rehabilitation facilities. It also helps cover hospice care, home health care, and skilled nursing facilities (not custodial or long-term care). You must, however, meet certain conditions to get these benefits.

Cost: You usually don't pay a monthly premium for Part A coverage if you or your spouse have paid Medicare taxes while working.

If you aren't eligible for premium-free Part A, you may be able to buy Part A if you meet the citizenship or residency requirements and you are age 65 or older. You may also be able to buy Part A if you are under age 65, disabled, and your premium-free Part A coverage ended because you returned to work.

Paying for Hospital Stays			
Inpatient Hospital Stays		Skilled Nursing Facilities	
Days 1 - 60	\$1,408 total deductible	Days 1 – 20	\$0
Days 61 - 90	\$352 co-pay per day	Days 21 - 100	\$176 per day
Days 91 - 150	\$704 co-pay per day	Days 100 +	All costs
Days 150 +	All costs		

What is Medicare Part B?

Medicare Part B helps cover medically-necessary services like doctors' services, outpatient care, and other medical services. Part B also covers some preventive services with a zero dollar copay and a zero dollar deductible. These include a "Welcome to Medicare" physical exam, abdominal aortic aneurysm screening, annual wellness exam, bone mass measurements, cardiovascular disease screening, colorectal cancer screening, diabetes screening, mammogram screening, pap test/pelvic exam/clinical breast exam, and vaccines (N1H1 flu, hepatitis B, pneumonia). A copay and deductible may apply to glaucoma tests, HIV screening, Medicare nutrition therapy services, prostate cancer screening, and smoking cessation counseling.

Cost: Most people pay the standard Part B Premium each month as well as a \$198 annual deductible, although some people may pay a higher premium based on their income. Your monthly premium will be higher than the standard premium if you are single (file an individual tax return) and your yearly modified adjusted gross income is more than \$87,000, or if you are married (file a joint tax return) and your yearly modified adjusted gross income is more than \$174,000. Your modified adjusted gross income is your adjusted gross (taxable) income plus your tax-exempt interest income.

Yearly Income Filed Individual Tax Return	File Joint Tax Return	Premium
Less than or equal to \$87,000	Less than or equal to \$174,000	\$144.60
Greater than \$87,000 and less than or equal to \$109,000	Greater than \$174,000 and less than or equal to \$218,000	\$202.40
Greater than \$109,000 and less than or equal to \$136,000	Greater than \$218,000 and less than or equal to \$272,000	\$289.20
Greater than \$136,000 and less than or equal to \$163,000	Greater than \$272,000 and less or equal to \$326,000	\$376.00
Greater than \$163,000 and less than \$500,000	Greater than \$326,000 and less than \$750.000	\$462.70
Greater than or equal to \$500,000	Greater than or equal to 750,00	\$491.60

What is NOT covered by Medicare Part A and Part B?

Medicare does not cover all of your medical needs. For example, Medicare does not cover cosmetic surgery, healthcare you get while traveling outside of the United States (except in limited cases), hearing aids, most hearing exams, long-term care (like care in a nursing home), most eyeglasses, most dental care and dentures, and more. Although some of these services may be covered by a Medicare Advantage Plan (like an HMO or PPO).

What is Medicare prescription drug coverage?

Medicare offers prescription drug coverage (Part D) for everyone with Medicare. This coverage may help you lower your prescription drug costs and help you protect against higher costs in the future. It can give you greater access to drugs that you can use to prevent complications of diseases and stay well. There are 28 different Medicare Prescription Drug Plans (PDP's) offered in Indiana. The least expensive Part D plan begins at \$13.20 per month and the least expensive Part D plan without a deductible begins at \$53.00 per month the initial coverage limit for all Part D plans is \$4,020 per calendar year.

To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare.

Cost: Each plan can vary in cost and drugs covered. If you join a Medicare drug plan, you can expect to pay a monthly premium and possibly an annual deductible. The deductible amount may vary depending on the Part D plan; however, the maximum deductible allowable for the 2020 calendar year is \$435.

If you decide not to join a Medicare drug plan when you are first eligible, you may pay a penalty if you choose to join later. Plan costs and coverage change each year, so all people with Medicare should check to make sure their plan still meets their medical and financial needs.

Standard Coverage and Cost of Drug Benefits 2020					
	Coverage Range	Plan Pays		Beneficiary Pays	
Annual Deductible	\$0-\$435	0%	\$0	100%	\$435
Initial Coverage	\$435-4,020	75%		25%	
Former Gap Coverage	\$4,020(total spent coverage gap) \$9,719.38(total spent during ICP & coverage gap)	75% (70% discount paid manufacturer) 75% - Generic		25% - Brand Name 25% - Generic	
Total Covered Part D Drug out of pocket spending including the former coverage gap (Catastrophic Coverage)	\$6,350	95%	No Max	5%	No Max

Extra Help: Anyone who has Medicare can get extra help with his or her Medicare Part D prescription drug coverage. Some people with limited income and resources are eligible for the “Extra Help” program to pay for the costs—monthly premiums, annual deductibles, and prescription co-payments related to a Medicare prescription drug plan. Resources include such things as bank accounts, stocks, and bonds.

LIS Level	Marital Status	2020 LIS Resource Limit With Burial Expenses
Full Subsidy LIS	Single \$1,425	\$9,360
	Married \$1,922	\$14,800
All Other LIS	Single \$1,581	\$14,610
	Married \$2,134	\$29,160

Hoosier Rx: Indiana’s State Pharmaceutical Assistance Program (SPAP) can help pay the monthly Part D premium, up to \$70.00 per month. For members enrolled in a Medicare Part D Plan working with Hoosier Rx. To apply call 1-866-4679.

Eligibility for Hoosier Rx you must be an Indiana resident, age 65 years or older

Have a yearly income of \$18,975 or less for a single person, or \$25,605 or less for a married couple living together. Assets are not considered.

Have applied for the Medicare Extra Help through Social Security Administration to pay for your Part D Plan and received either a Notice of Award or Notice of Denial.

When can I make changes to my coverage?

You can make changes to your Medicare health or prescription drug coverage during the Annual Election Period, from October 15th to December 7th, 2020. Depending on your situation, there may be other times when you can change your Medicare health or prescription drug coverage.

You can also make changes to your Medicare Advantage Plan during the Annual Disenrollment Period, from January 1 to March 31 every year. Coverage begins the first of the month after you switch. You may also elect to join a Medicare Part D plan during this change or another Medicare Advantage Plan.

What are my Medicare health plan choices?

You can choose different ways to get your Medicare benefits delivered. Most people get their health care coverage through Original Medicare or a Medicare Advantage Plan (similar to a HMO or PPO). Your costs vary depending on your coverage and the services you use.

Original Medicare, which provides Medicare Part A and Part B coverage, is a fee-for-service plan managed by the Federal government. This means you are usually charged for each health care service or supply you get. For some services, you will pay an amount called a deductible before Medicare pays its part. Then, when you get a Medicare-covered medical supply or service, Medicare pays its share of the cost of the supply or service, and you pay your share, called the coinsurance or a copayment. You can also join a Medicare Prescription Drug Plan to get prescription drug coverage.

Medicare Advantage Plans are health plan options that are approved by Medicare and run by private companies. These plans are part of Medicare, and are sometimes called “Part C” Plans. They provide all of your Part A and Part B covered services. Medicare Advantage Plans may offer extra coverage and most include Medicare prescription drug coverage (usually for an extra cost). You may need a referral to see a specialist. In some plans, you can only see doctors who belong to the plan or go to certain hospitals to get covered services.

In addition to Original Medicare or a Medicare Advantage Plan, you may be able to join other types of Medicare health plans.

Can I have other types of health insurance?

Yes. You may already have health coverage such as employer or retiree coverage or another type of health insurance. There are times when your other coverage or health insurance must pay before Medicare pays. Talk to your benefits administrator to see how your other coverage or health insurance works with Medicare.

If you have Original Medicare, you might also want to buy a Medigap (sometimes called “Medicare Supplement Insurance”) policy. A Medigap policy, sold by private

insurance companies, can help pay some of the health care costs (“gaps”) that Original Medicare doesn’t cover, like copayments, coinsurance, and deductibles.

How can I get help to pay Medicare costs?

There are programs that help millions of people with Medicare save money each year. If you have limited income and resources, your states may help pay Medicare premiums and, in some cases, may also pay Medicare deductibles and coinsurance. To find out if you qualify call Indiana’s Area Agency on Aging (AAA) toll free at **1-800-986-3505**.

	Income	Assets
Medicaid	\$1,041 (single)	\$2,000 (single) \$3,000 (married)
Qualified Medicare Beneficiary	\$1,582 (single)	\$7,730 (single)
	\$2,134 (married)	\$11,600 (married)
Specified Low Income Beneficiary	\$1790 (single)	\$7,730 (single)
	\$2,415 (married)	\$11,600 (married)
Qualified Individual	\$1,946 (single)	\$7,730 (single)
	\$2,627 (married)	\$11,600 (married)

Where can I get more information?

For more information about getting Extra Help with your Medicare prescription drug plan costs, visit www.socialsecurity.gov or call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) to speak with a representative. Social Security representatives are available to help you complete your application.

If you need information about Medicare Savings Programs, Medicare prescription drug plans, how to enroll in a plan, or to request a copy of the *Medicare & You 2020* handbook, please visit www.medicare.gov or call **1-800-MEDICARE (1-800-633-4227)** (TTY, **1-877-486-2048**) to speak with a Medicare counselor.

You also can request information from the **State Health Insurance Assistance Program (SHIP)** at **1-800-452-4800** or TDD line for the hearing impaired at 1-800-846-0139 to speak with a SHIP counselor or visit www.medicare.in.gov.

In addition, you can find your local SHIP contact information on the back of your Medicare handbook or obtain the information online at <http://www.in.gov/idoi/2500.htm>

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